

Michigan Department of Community Health
Medical Services Administration

**SCHOOL BASED SERVICES
FEE-FOR-SERVICE**

MAER Transportation Expenditure Reporting Detailed Line by Line Instructions

Account Code Description		FTE Count	SE-4094 Column (4) Spec Ed-Sec. 52	SE-4094 Column (6) Spec Ed-Sec. 53	Total
Line #	Line Description		Expenditure	Expenditure	
Line 1	Bus Driver		1610	1610	Total
Line 2	Aides		1630	1630	Total
Line 3	Employee Benefits	No Entry	Sum of: 2100, 2410, 2800 & 2920	Sum of: 2100, 2410, 2800 & 2920	Total
Line 4	Local Expenses	No Entry	3210	3210	Total
Line 5	Pupil Trans Common Carrier	No Entry	3310	3310	Total
Line 6	Pupil Transp. Family Vehicle Cost	No Entry	3330	3330	Total
Line 7	Family Vehicle Contract Cost	No Entry	3310	3310	Total
Line 8	Pupil Transp. Fleet Insurance	No Entry	3930	3930	Total
Line 9	Contracted/Leased Buses	No Entry	4230	4230	Total
Line 10	Other Vehicle Related Costs	No Entry	Sum of: 4110, 4120, 4130 & 4910	Sum of: 4110, 4120, 4130 & 4910	Total
Line 11	Gasoline	No Entry	5710	5710	Total
Line 12	Oil/Grease	No Entry	5710	5710	Total
Line 13	Tires/Batteries	No Entry	5720	5720	Total
Line 14	Other Expenses/Adjustments (related to only the object codes listed above)	No Entry	7410	7410	Total
Line 15	Bus Amortization	No Entry	From SE-4107	From SE-4107	Total